

**DEPARTMENT OF CELLULAR PATHOLOGY**  
**ROYAL BERKSHIRE HOSPITAL**

**FROZEN SECTION**  
**CHAIN OF CUSTODY DOCUMENT Page 1**

This document **must** accompany all FROZEN SECTION requests, or specimens that are likely to have, medico/legal consequences. The form must be signed by each person handling the sample from the time of collection to its receipt by the lab.

NAME OF PATIENT.....

DATE OF BIRTH..... HOSPITAL NUMBER.....

THEATRE.....EXTENSION.....

TYPE OF SPECIMEN(S).....

DATE..... TIME.....

**1. OPERATING THEATRE.**

SAMPLE(S). **TAKEN BY**.....

DATE..... TIME.....

SAMPLE(S). **LABELLED BY**.....

**2. PORTERS.**

GIVEN TO.....

RECEIVED BY.....TIME.....

GIVEN TO.....

RECEIVED BY.....TIME.....

**3. SPECIMEN RECEPTION**

GIVEN TO.....

RECEIVED BY..... TIME.....

**4. CELLULAR PATHOLOGY LABORATORY.**

RECEIVED IN LABORATORY BY.....

DATE..... TIME.....

**IT IS ESSENTIAL THAT ALL PERSONS HANDLING THE SAMPLE(S) SIGN THIS DOCUMENT AND THAT THE SAMPLE(S) AND THIS DOCUMENT DO NOT GET SEPARATED FROM EACH OTHER.**

CHAIN OF CUSTODY DOCUMENT – FROZEN SECTIONS (PAGE 2)

*Audit of Frozen Section Specimens.*

Time received in the laboratory.....

Received by.....

Type of specimen.....

Number of specimens/pieces.....

Weighed.....

Number of blocks taken.....

Number of sections cut.....

Performed by (BMS).....

Time result reported.....

Booked in advance Yes/No?.....

*How much notice given?*.....